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The Emergency Medical Services Authority has illustrated changes to the original text in the following manner:

- Additions to original text = underline and **bold**
- Deletions to the original text = ~~strikeout~~

Comments are limited to only the shaded portions of the regulations.

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California Code of Regulations

TITLE 22. SOCIAL SECURITY

DIVISION 9. PRE-HOSPITAL EMERGENCY MEDICAL SERVICES

CHAPTER 12. EMS System **Evaluation and** Quality Improvement

**Article 1. Definitions**

**100400. Emergency Medical Services System **Evaluation and** Quality Improvement Program.**

"Emergency Medical Services System **Evaluation and** Quality Improvement Program" or **"EQIP" EMS QI Program** means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process **and recognize excellence in performance and delivery of care.**

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176, and 1797.194 Health and Safety Code. Reference: Sections 1797.7, 1797.174, 1797.202, 1797.204, 1797.220, 1797.214 and 1798.175 Health and Safety Code.

**100401. EMS Service Provider**

EMS Service provider means an organization employing certified EMT-I, certified EMT-II or licensed paramedic personnel for the delivery of emergency medical care to the

sick and injured at the scene of an emergency, during transport, or during interfacility transfer.

NOTE: Authority cited: Sections 1797.107, 1797.174, 1797.176, 1797.216, and 1797.218 Health and Safety Code. Reference: Sections 1797.7, and 1797.220 Health and Safety Code.

## **Article 2. EMS Service Provider**

### **100402. EMS Service Provider Responsibilities.**

(a) An EMS service provider shall:

(1) Develop and implement, in cooperation with other EMS system participants, a provider specific **written EQIP EMS QI plan**, as defined in Section 100400 of this Chapter. Such **programs plans** shall include indicators which address, but are not limited to, the following:

A) Personnel

B) Equipment and Supplies

C) Documentation

D) Clinical Care and Patient Outcome

E) Skills Maintenance/Competency

F) Transportation/Facilities

G) Public Education and Prevention

(H) Risk Management

(2) Review the provider specific **EQIP EMS QI Program indicators** annually for appropriateness to the operation of the EMS provider and revise as needed.

1 (3) ~~Agree to Participate~~ participate in the local EMS agency's **EQIP EMS QI Program** that may  
2 include making available **all mutually agreed upon** relevant records for program  
3 monitoring and evaluation.

4 (4) Develop, in cooperation with appropriate personnel/agencies, a performance  
5 improvement **action** plan when the **EQIP EMS QI Program** identifies a need for  
6 improvement. If the area identified as needing improvement includes system clinical  
7 issues, collaboration is required with the provider medical director **or and** the local EMS  
8 agency medical director or his/her designee if the provider does not have a medical  
9 director.

10 (5) Provide the local EMS agency with an annual update, from date of approval and  
11 annually thereafter, on the provider **EQIP EMS QI Program**. The update shall include,  
12 but not be limited to, a summary of how the EMS provider's **EQIP EMS QI Program**  
13 addressed the program indicators.

14 (b) The EMS provider **EQIP EMS QI Program** shall be in accordance with the EMS  
15 **Evaluation and** Quality Improvement Program Guidelines, dated [date to be filled in by  
16 OAL], incorporated herein by reference and shall be approved by the local EMS agency.  
17 **This is a model program which will develop over time with individual variances**  
18 **based on available resources.**

19 (c) The provider **EQIP EMS QI Program** shall be reviewed by the local EMS agency at  
20 least every five years.

21 NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176 and 1797.194 Health  
22 and Safety Code. Reference: Sections 1797.7, 1797.174, 1797.220 and 1797.214  
23 Health and Safety Code.

**Article 3. Paramedic Base Hospital**

**100403. Paramedic Base Hospital and Alternate Base Station Responsibilities**

(a) A paramedic base hospital and alternate base station shall:

(1) Develop and implement, in cooperation with other EMS system participants, a hospital specific **written EQIP EMS QI plan**, as defined in Section 100400 of this Chapter. Such **programs plans** shall include indicators which address, but are not limited to, the following:

A) Personnel

B) Equipment and Supplies

C) Documentation

D) Clinical Care and Patient Outcome

E) Skills Maintenance/Competency

F) Transportation/Facilities

G) Public Education and Prevention

H) Risk Management

2) Review **EQIP EMS QI Program indicators** annually for appropriateness to the operation of the base hospital or alternative base station and revise as needed.

3) ~~Agree to P~~participate in the local EMS agency's **EQIP EMS QI Program** that may include making available **all mutually agreed upon** for program monitoring and evaluation.

4) Develop and implement, in cooperation with appropriate personnel/agencies, a performance improvement **action** plan when the base hospital or alternative base station **EQIP EMS QI Program** identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration with the base

hospital medical director or his/her designee or alternate base station medical director or his/her designee is required.

5) Provide the local EMS agency with an annual update, from date of approval and annually thereafter, on the **EQIP EMS QI Program**. The update shall include, but not be limited to, a summary of how the base hospital/alternate base station's **EQIP EMS QI Program** addressed the program indicators.

(b) The base hospital/alternate base station **EQIP EMS QI Program** shall be in accordance with the EMS **Evaluation and** Quality Improvement Program Guidelines, dated [date to be filled in by OAL], incorporated herein by reference and shall be approved by the local EMS agency. **This is a model program which will develop over time with individual variances based on available resources.**

(c) The base hospital/alternate base station **EQIP EMS QI Program** shall be reviewed by the local EMS agency at least every five years.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176, and 1797.194 Health and Safety Code. Reference: Sections 1797.7, 1797.53, 1797.59, 1797.174, 1797.214, 1797.220, 1798.2, 1798.100, 1798.101, and 1798.175 Health and Safety Code.

#### **Article 4. Local EMS Agency**

##### **100404. Local EMS Agency**

(a) The local EMS agency shall:

(1) Develop and implement, in cooperation with other EMS system participants, a system-wide **written EQIP EMS QI plan**, as defined in Section 100400 of this Chapter.

Such **programs plans** shall include indicators which address, but are not limited to, the following:

A) Personnel

B) Equipment and Supplies

C) Documentation

D) Clinical Care and Patient Outcome

E) Skills Maintenance/Competency

F) Transportation/Facilities

G) Public Education and Prevention

H) Risk Management

2) Review system **EQIP EMS QI Program** indicators annually for appropriateness to the system and revise as needed.

3) Develop, in cooperation with appropriate personnel/agencies, a performance improvement **action** plan when the **EQIP EMS QI Program** identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration is required with the local EMS agency medical director.

4) Provide the EMS Authority with an annual update, from date of approval and annually thereafter, on the local EMS Agency's **EQIP EMS QI Program**. The update shall include, but not be limited to, a summary of how the local EMS Agency's **EQIP EMS QI Program** addressed the program indicators.

(b) The local EMS Agency **EQIP EMS QI Program** shall be in accordance with the EMS **Evaluation and** Quality Improvement Program Guidelines, dated [date to be filled in by OAL], incorporated herein by reference and shall be approved by the EMS Authority. **This is a model program which will develop over time with individual variances based on available resources.**

(c) The local EMS Agency **EQIP EMS QI Program** shall be reviewed by the EMS

Authority at least every five years.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176 and 1797.194 Health and Safety Code. Reference: Sections 1797.7, 1797.94, 1797.174, 1797.202, 1797.204, 1797.214, 1797.220, and 1798, Health and Safety Code.

## **Article 5. EMS Authority**

### **100405. EMS Authority**

(a) The EMS Authority shall:

(1) Develop and implement, in cooperation with other EMS system participants, a state-wide **written EQIP EMS QI plan**, as defined in Section 100400 of this Chapter. Such **programs plans** shall include indicators which address, but are not limited to, the following:

A) Personnel

B) Equipment and Supplies

C) Documentation

D) Clinical Care and Patient Outcome

E) Skills Maintenance/Competency

F) Transportation/Facilities

G) Public Education and Prevention

H) Risk Management

2) Review state **EQIP EMS QI Program** indicators annually for appropriateness to the state and revise as needed.

3) Develop, in cooperation with appropriate personnel/agencies, a performance improvement **action** plan when the **EQIP EMS QI Program** identifies a need for

1 improvement. If the area identified as needing improvement includes system clinical  
2 issues, collaboration is required with the EMS Authority medical consultant.

3 4) Provide the local EMS Agencies with an annual update on the EMS Authority's **EQIP**  
4 **EMS QI Program**. The update shall include, but not be limited to, a summary of how  
5 the EMS Authority's **EQIP EMS QI Program** addressed the state indicators.

6 (b) The EMS Authority **EQIP EMS QI Program** shall be in accordance with the EMS  
7 **Evaluation and** Quality Improvement Program Guidelines, dated [date to be filled in by  
8 OAL], incorporated herein by reference. **This is a model program which will develop**  
9 **over time with individual variances based on available resources.**

10 NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.176 and 1797.194 Health  
11 and Safety Code. Reference: Sections 1797.54, 1797.185, and 1797.214 Health and  
12 Safety Code.